HHDPC Rapid Covid-19 Antigen Testing: Patient Consent & Release Form
407 S. 19th St- Blair, NE 68008

* Upon arrival at your appointment, remain in your vehicle.
* Please bring your photo ID.
* You MUST bring your signed consent form to your scheduled appointment.
* If you should have any questions, please call our office prior to your appointment time, so we can keep our scheduled appointments from being delayed.

Please carefully read the following informed consent and initial each:

_____ **$80 CASH** is the ONLY form of payment our clinic accepts for your Rapid Covid Test, proof of payment will be given at the time of your swab. **We will not provide any further information (receipts, tax ID, etc. for insurance purposes).**

_____ I voluntarily consent and authorize Healthy Human DPC to conduct collection, testing, and analysis for the purpose of Covid-19 Rapid Antigen Test through a nasopharyngeal anterior nasal swab, as ordered by an authorized medical provider or public health official. I understand that there are risks and benefits associated with undergoing an antigen test for Covid-19 and there may be a potential for a false positive or false negative test result.

_____ I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by the law.

_____ Any result I receive is for informational purpose only and does not constitute a medical diagnosis. I understand that I am not creating a patient relationship with Healthy Human by participating in testing. **I understand the testing site is not acting as my medical provider.** Testing does not replace treatment by my medical provider. I assume complete, and full responsibility, to take appropriate action with regards to my test results. Should I have questions or concerns regarding my result, or if my condition worsens, I agree I will seek medical advice, care, and treatment from my medical provider.

_____ **I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others. (Follow the most current CDC Guidelines and recommendations for + Covid-19).**

_____ I consent to receiving phone calls, and leaving voicemails, at the phone number provided by me. I understand that the results will be called to the number given at the time of scheduling. I understand that if no one answers the phone when the result is called, the result will not be left on an unidentified voicemail and/or if there is not a voicemail set up. I understand that it is my responsibility to call the HH DPC for my result if I am not available when they call. I understand that my result and the information provided by me may be reported to the ordering Physician, my employer, any of my or their designees, and public health authorities as required by law.

_____ I acknowledge that I have been informed of Healthy Human's Notice of Privacy Policy

By signing below, I acknowledge that I have read the foregoing informed consent and release form, as well as agree to Covid-19 testing and its associated benefits and risks. I have been provided with education on testing, given a chance to ask questions before proceeding, as well as a chance to decline testing. I voluntarily agree to testing for Covid-19. I hereby give consent to perform this testing with the above understood. I hereby release the Provider, the staff member performing the nasopharyngeal/anterior nares swab, and the facility, Healthy Human, from any and all claims, demands, actions, and causes of action, liability associated with my participation I the testing, whether arising out of negligence of Healthy Human or any releasee or otherwise.

Patient Information:

First & Last Name (PRINT): _____

Patient Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Patient Signature: _____ Date: _____

Patient History

Been in contact with a POSITIVE Covid-19: Y or N

Current Symptoms? Y or N _____

Date Symptoms Started: _____

SOB: Y or N Cough: Y or N

Fever, greater than 100.4? Y or N

Flu-like Symptoms? Y or N

Female, Nursing or Pregnant? Y or N

Employed in Healthcare? Y or N

Hx of Asthma, COPD, Cancer, DM, Heart Condition, Immunocompromised? Y or N

Healthy Human DPC to Complete:

HH Staff Performing Test: _____ Cassette LOT:_____. Exp: _____

Patient Results: POSITIVE NEGATIVE

Patient Notified via PHONE/ IN PERSON at _____ am/pm

Payment Collected: Y or N